## Form **8871**(July 2000)

Political Organization Notice of Section 527 Status

Department of the Treasury Internal Revenue Service OMB No. 1545-1693

Pa	General Information	***************************************			
1	Name of organization				
	HMCTSEU - STATE STATE	DR COMM.	TES	Employer identification number	
2	walling address (P.O. Box or number, street, a	and room or suite nu	imber)	The contract of the contract o	
	P.O. Box 1709		•	91-2064135	
	City or town, state, and ZIP code	4		1. 006775	
3	CONCORD NC 28026- E-mail address of organization	- 0709			
•	C-mail address of organization				
4a	Name of custodian of records	1 41. 0 .			
	BARBARA M. PRESSLEY	4b Custo	dian's address		
	CINCISIONI III. I REESELY		P.O. Bux 1709 CONGRED NC 28026-1709		
	•				
5a	Name of contact person	5b Contact person's address			
	FLETCHER L. HARPSECC, JA	$\rho$ .	P.O. BAY 1709 CONLORD, NC 28026-1709		
	7	*****	4	W, NC 20026-1707	
_			•		
6	Business address of organization (if different fr	om mailing address	shown above). Number, street, and	room or suite number	
	City or town, state, and ZIP code				
Pa	rt II Purpose				
7	Describe the purpose of the organization				
	RE-ELECTION OF FICE		111000-11 10 10	1/ 2	
	RE-ELECTION OF FLETE	-1/26 L.	TINCISECC, SIC. 70	N.C. SENATE	
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Pai	t III List of All Related Entities (se	ee instructions)			
8a	Name of related entity 8b Re	elationship	8c Address		
			- ridaress		
	NONE				
	RECEIVED				
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a Name	9b Title	hly Compensated Employees (see instructions)  9c Address
. 10.16		
NONE		
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TOTAL		
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Under penalties of	perjury. I declare that the organization	named in Part I is to be treated as an organization described in section 527 of the Interruding accompanying schedules and statements, and to the best of my knowledge and belia

Sign Here